

Sperbeck - Direct

3-20

1 criteria for the post-traumatic stress disorder.

2 Q Okay. And did you diagnose that Ms. Shepherd had
3 experienced trauma or had post-traumatic stress disorder?

4 A Yes, I did. I felt that given her description of the
5 numbing fear and sheer anxiety she experienced when she
6 believed that her husband had committed suicide, I felt that
7 that constituted -- probably constituted a shocking trauma
8 sufficient to meet this -- this fairly rigid and strict
9 criteria.

10 Q Earlier in her life, did she experience any other trauma?

11 A Earlier in her life she did. She experienced the trauma
12 of a younger cousin who had been playing with what he thought
13 was or someone believed was an unloaded gun, the gun
14 discharged, and struck the child in the head, and certainly the
15 family was in general and certainly Ms. Shepherd was
16 extraordinarily distressed by this, so much so that she
17 described this as the most traumatic experience in her
18 childhood.

19 Q And did she witness the shooting of her cousin?

20 A The shooting of who, the cousin?

21 Q The cousin. You can --

Sperbeck - Direct

3-21

1 A I did not write down that she -- she actually witnessed
2 it. I didn't put that in my report and I didn't put that in my
3 notes, so I -- it's not necessary that she actually witnessed
4 it. If -- if she had witnessed it, it would be even more
5 traumatic, certainly, but just the fact that she found out
6 about this serious accident that's a shocking, violent accident
7 with a close family member was sufficient to meet that
8 criteria, and certainly that would have been reawakened or
9 otherwise revisited with the shocking, but gratefully
10 inaccurate news that her husband had committed suicide.

11 Q What are the types of bad experiences that people have in
12 life that don't cause post-traumatic stress disorder?

13 A Oh, that's a -- that's a good question. I mean, there's a
14 -- it's easier to say what causes post-traumatic stress
15 disorder. I mean, it has to be extraordinarily stressful, but
16 a lot of bad things happen to everybody all the time. I mean,
17 embarrassment, humiliation, you know, performing poorly in
18 public, saying foolish things that and provoke criticism from
19 others of you and so forth. I mean, those are all certainly
20 extraordinarily distressing. There are many -- there's a wide
21 range of distressing experiences that are ubiquitous to humans

Sperbeck - Direct

3-29

1 Q How did she characterize this night as compared to other
2 nights in her life?

3 A She characterized it as the worst night of her life.

4 Q Okay. Did she also talk about learning about viewing --
5 when she learned that the police or the investigators had
6 viewed the videotape?

7 A She did. She --

8 Q And what did she say about that?

9 A She explained that approximately two months later, her
10 husband was at work and called her up and said that he had some
11 information to share with her, something along these lines, and
12 ~~and upon his return home had informed her that police~~
13 reports that he reviewed reflected that the investigators -- or
14 an investigator had reviewed the tape that was in their --
15 their bedroom, a videotape. And -- and he was yelling at her
16 and -- because she had innocently or sincerely advised him
17 previously that no one had reviewed that -- that videotape, but
18 they discovered apparently that that was not the case, and the
19 husband was very angry with her.

20 He came home and, quote, "told me to read the police
21 report and he started yelling at me. I thought you told me

Sperbeck - Direct

3-30

1 that affect the -- the listener?

2 A Absolutely.

3 Q How so?

4 A Sometimes just the way bad information or bad news is
5 given to you is -- is as bad as the bad news itself. But it's
6 the difference between being offered a golden parachute when
7 you're being asked to be terminated from your job and -- and
8 being led out of your office in handcuffs or, you know, with a
9 State Trooper. It's the same act, but it feels real
10 differently.

11 So the way you find out bad news can sometimes be
~~12 extraordinarily distressing and magnify the nature of the bad~~
13 news. So absolutely it has an effect, and she was very
14 affected by that. She -- even at the time that I examined her,
15 I believe she said that she was still angry with him for the
16 way he -- he informed her of this.

17 Q Now you examined her in January of 2005?

18 A Yes.

19 Q Okay. At that time, did she have any information about
20 what the -- the investigators had seen on the tape or had --
21 did she talk about what she did about the videotape?

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1 rude comment about the videotape, so I left and
2 refused to go back. My attorney made me go to see
3 Dr. Sandberg. I didn't want to."

4 But she did go see Sandberg and saw him maybe four or five, six
5 times, and -- and then stopped going. That's what I wrote down
6 about that.

7 Q At the time she saw you, was she suicidal?

8 A No, she was not. She -- she denied being suicidal. She
9 had been suicidal at the time that her husband said that he had
10 wanted a divorce.

11 Q And how was her relationship with her parents?

12 A It was very -- it was very much on the mend. She had
13 reconciled with her father and I believe was in -- if not daily
14 contact, at least multiple times per week contact with the
15 family. So that was her primary support system.

16 Q Okay. Did you come to a conclusion about what caused her
17 post-traumatic stress disorder?

18 A Yes, I did. I felt that her post-traumatic -- the only
19 thing that could possibly have caused her post-traumatic stress
20 disorder was her -- her misbelief -- her being informed that
21 her husband had committed suicide, and her -- her sense of

Sperbeck - Direct

3-39

1 Q Okay. And what did the knowledge that some strangers had
2 seen a sexual videotape of her, what did that cause?

3 A Well, as I -- as I said in my report, my opinion of that
4 is that I absolutely did not believe that that causes post-
5 traumatic stress disorder. In fact, I did not think that that
6 caused any injury. I think it may have at worse magnified her
7 preexisting problems. She's a very avoidant, depressed,
8 dependent person, and her response to any kind of stress is to
9 hide and avoid and to withdraw.

10 But I think that -- I think her primary injury is the --
11 what I consider to be a very dysfunctional and probably at
12 times abusive marriage, combined with chronic depression, and
13 this husband who gets drunk and demands sex and -- and
14 threatens suicide, I think that's the source of her injury.
15 The -- the fact that strangers viewed -- a stranger or someone
16 possibly viewed an undetermined amount of a videotape -- a
17 videotape, by the way, that she did not want to make and
18 basically made only because her husband sort of insisted on it
19 -- I think that -- I think that that adds insult to injury, but
20 that's not the -- that didn't cause the injury.

21 She's an injured person. She was an injured person before

Sperbeck - Cross

3-47

1 Q What --

2 A And as I've already elaborated, that did not constitute an
3 injury. It may have been insulting, it might have made her
4 feel badly, she might have felt ashamed or humiliated, but that
5 did not cause her injury.

6 Q No, it exasperated her injury, isn't that what you say in
7 your own report?

8 A I said it could have. A worst case scenario, it could
9 have magnified it, but the way she sits around and lays in bed
10 conjuring up the worst case scenarios, that's perpetuating her
11 sense of humiliation, that's what she does --

~~12 Q And she takes the~~

13 A -- so she's cultivating that.

14 Q She takes that particular event and makes it worse.

15 A She's cultivating a fantasy. She admits it's a fantasy.
16 She doesn't know what happened, so she is taking and creating a
17 worry where none existed. She doesn't know what happened, she
18 doesn't know who watched what or for how long. So that does
19 not constitute a traumatic event necessary to make a diagnosis.

20 Q In other words, if this event had not happened, she
21 wouldn't do that.

Sperbeck - Cross

3-50

1 fault that it -- it was seen. So I think that she was ashamed,
2 certainly -- I think there's evidence that she was ashamed of
3 the fact that she even made the video. She didn't like it, she
4 thought it was disgusting, she didn't want to do it, she did it
5 because she was forced to, and ultimately someone else saw
6 something she was ashamed of.

7 Q And -- and she was very upset about other people having
8 actually seen it --

9 A Sure. It's --

10 Q -- without her permission.

11 A It's embarrassing.

12 Q And it's humiliating.

13 A It's embarrassing and humiliating, but it doesn't create a
14 psychiatric disorder.

15 Q No. The fragility of the person, the fragileness of the
16 person, may be the psychological disorder which this
17 exasperated, increased.

18 A Well, I would use the term exacerbate a preexisting
19 problem, but it was a preexisting injury, yeah, and as I said
20 in my report, it's conceivable that it -- it magnified her
21 existing problems.

Sperbeck - Cross

3-51

1 "Mrs. Shepherd needs to engage in weekly outpatient
2 therapy with a psychotherapist well versed in the
3 treatment of psychological response to traumatic
4 events."

5 Do you or do you not agree with that?

6 A Well, certainly I advised her to get back into
7 psychotherapy. She definitely needs psychotherapy. The
8 traumatic event that I think she needs treatment for is the
9 anxiety and horror of the, quote, worst night of her life, as
10 she described it to me; that is, the trauma of finding out that
11 her husband had killed himself. That's the trauma that she --
12 ~~that's the only trauma that meets the criteria for a diagnosis~~
13 of post-traumatic stress disorder. So yeah, I wouldn't have
14 any difficulty with that. In fact, I think I made the same --
15 only a more detailed recommendation than that.

16 Q You -- you advised her to continue to see Dr. Sandberg,
17 did you not?

18 A Yes. I thought that he would be a very good counselor for
19 her. He's very sympathetic and supportive of her. Yes, so I
20 recommended ongoing insight-oriented psychotherapy to help her
21 understand her own self-defeating and depressing personality

Sperbeck - Cross

3-54

1 they have to have not been present, you know, for an entire
2 lifetime. In this case, all of those symptoms are part of the
3 normal spectrum of human behavior, and she has the type of
4 personality that sort of cultivates, nurtures, and sort of
5 allows her to sort of wallow in those -- those experiences and
6 symptoms. By laying in bed conjuring up worst case scenarios,
7 that's -- that's known as catastrophizing, and it's very
8 depressogenic. It means it creates depression in its own
9 right.

10 So -- I mean, that -- that part of it is very clear and
11 clearly addressed in -- in my analysis of the difference

12 ~~between insult and injury.~~

13 Q Now she came -- she came to this -- this -- this day when
14 she find out -- found out that people had viewed her nude
15 having sexual relations with her husband, and how much of the
16 tape -- she'll never know how much they watched, she can only
17 surmise --

18 A If any, yeah.

19 Q -- that they watched at all.

20 A Or even one or two seconds. She doesn't know.

21 Q And -- and she came with this fragile personality who

Sperbeck - Cross

3-56

1 meticulous, thorough, or organized in his diagnostic
2 assessment, so I discount completely his ignoring of the DSM-
3 IV; that is, the standard of practice guidelines.

4 Dr. Smith ignored the fact that the psychological testing
5 that he had, his own computer printout said this is invalid,
6 and he went forward anyway to produce a sympathetic diagnosis
7 without any mention in the -- in his report that the testing
8 was invalid. He never mentioned it.

9 And then thirdly, of course, is the fact that Smith didn't
10 even know about the -- the degree -- the degree of trauma of
11 the purported suicide attempt by the husband. Never mentioned
12 it or discussed it as a trauma in his report.

13 Q Now Dr. Sandberg was actually -- treated her for many
14 sessions, didn't he -- did he not?

15 A Five or six sessions, yes.

16 Q How about eight or nine?

17 A Or eight or nine possibly, yeah.

18 Q And he disagreed with you on that point, did he not?

19 A I'm not sure exactly what he disagreed with me on. He
20 never came up with a diagnosis. His notes do not reflect a
21 diagnosis, they reflect no treatment --

Sperbeck - Cross

3-57

1 Q With the traumatic event of her discovering that they had
2 -- they had viewed this videotape because there's so much pain,
3 embarrassment, humiliation, was the cause of her post-traumatic
4 stress syndrome.

5 A Maybe you could point that out where it says that exactly
6 in his notes. I never saw that.

7 Q I didn't say notes, I say his deposition which you read.

8 A Oh, well, his deposition -- I mean, he was all over the
9 map in his deposition. He had already read my report by then,
10 and had reformulated his opinion, but he -- his -- his opinion
11 -- diagnostic assessment was completely at odds with the
12 criteria necessary for making the diagnosis. That's why I read

13 today the specific requirements that psychiatrists and
14 psychologists must attend to in order to make that diagnosis
15 legitimately.

16 Q Seventy-five to eighty percent of your work is related to
17 litigation, is it not?

18 A No. That might have been the case at certain times over
19 the last twenty-five years, but not now. I would say probably
20 now maybe thirty percent of my work is forensic related.

21 Q Most of it's forensic related.